## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Values are Vital	C C00552422				
	0 00002422				
Check if 24-hour report	I on M M / D D / Y B Y B Y				
Full Name of Payee Axiom Strategies, LLC	Date of Public Distribution/Dissemination				
<b>u</b>	M = M / D = D / Y = Y = Y				
Mailing Address 1251 NW Briarcliff Parkway	Amount				
Suite 85	20500.00				
City State Zip Code  Kansas City MO 64116	28500.00 Transaction ID : SE.4118				
Purpose of Evpanditure	Date of Disbursement or Obligation				
Mailer Category/ Type	02 / 25 / Y 2014				
Name of Federal Candidate Support Office	e Sought: X House District: 19				
PAIGE VANIER Vanier KREEGEL Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought  Disbute 107395.00	ursement For: Primary General				
Full Name of Payee	Date of Public Distribution/Dissemination				
Axiom Strategies, LLC	M M / D D / Y Y Y Y				
Mailing Address 1251 NW Briarcliff Parkway					
Suite 85	Amount				
City State Zip Code	28500.00				
Kansas City MO 64116	Transaction ID : SE.4122  Date of Disbursement or Obligation				
Purpose of Expenditure Mailer  Category/ Type 001	02 / 25 / 2014				
Name of Federal Candidate Support Office	e Sought: X House District: 19				
PAIGE VANIER Vanier KREEGEL Oppose	President Senate State: FL				
Calofidal four to Bato	ursement For: Primary General				
Per Election for Office Sought 135895.00 2014	Mother (specify) ► Special-Primary				
(a) SUBTOTAL of Itemized Independent Expenditures	57000.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	03 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Values are Vital	C C00552422
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee Axiom Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 1251 NW Briarcliff Parkway	
Suite 85	Amount
City State Zip Code	28000.00
Kansas City MO 64116	Transaction ID : SE.4123 Date of Disbursement or Obligation
Purpose of Expenditure Mailer  Category/ Type 004	03 04 2014
Name of Federal Candidate Support Office	e Sought: X House District: 19
LIZBETH BENACQUISTO Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disbut 239886.00 2014	rrsement For: Primary General  ✓ Other (specify) ► Special-Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Axiom Strategies, LLC	M = M / D = D / Y = Y = Y
Mailing Address 1251 NW Briarcliff Parkway	Amount
Suite 85	Amount
City State Zip Code	75991.00
Kansas City MO 64116	Transaction ID : SE.4124  Date of Disbursement or Obligation
Purpose of Expenditure TV and radio  Category/ Type  004	03 / 04 / 2014
	e Sought: X House District: 19
LIZBETH BENACQUISTO Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary General  Other (specify) ► Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	103991.00
(a) COD TO THE OF HOME EXPONENTIAL EXPONEN	10001.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
2 4.10	3 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINI EXPEND	HONES		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Values are Vital				C C00552422
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Southern Campaign Resources				M / D D / Y Y Y Y
Mailing Address 235 East Virginia Street			Amour	nt
City	State	Zip Code		3495.00
Tallahassee	FL	32301		action ID : SE.4130  If Disbursement or Obligation
Purpose of Expenditure TV Ad Production		Category/ Type 004	М	01 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: X House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		18725.00	Disbursement 2014 X Ot	For: Primary General her (specify) ▶ Special-Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Southern Campaign Resources			М	-M / D - D / Y - Y - Y
Mailing Address 235 East Virginia Street			Amour	nt
City	State	Zip Code		15230.00
Tallahassee	FL	32301		ction ID : SE.4131 of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy		Category/ Type 004	М	01 21 2014
Name of Federal Candidate		X Support	Office Sought	t: X House District: 19
PAIGE VANIER Vanier KREEGEL		Oppose	Preside	FI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	15230.00	Disbursement 2014	t For: Primary General ther (specify) ▶ Special-Primary
			[* v] =	iner (opeony) -
(a) SUBTOTAL of Itemized Independent Expend	itures		•	18725.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(c) TOTAL Independent Expenditures			· ·	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ronald M Firman	[Electron	nically Filed] Date	M M /	06 2014
Signature	Election	Date	9 03	00 2014

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LINDITOTILO	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Values are Vital		C C00552422
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee Southern Campaign Resources		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address 235 East Virginia Street		Amount
City State	Zip Code	18870.00
Tallahassee FL	32301	Transaction ID: SE.4132 Date of Disbursement or Obligation
Purpose of Expenditure TV Ad buy	Category/ Type 004	01 / 27 / Y 2014
Name of Federal Candidate	Support Of	ffice Sought:     House District: 19
PAIGE VANIER Vanier KREEGEL	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General  114  ☐ Other (specify) ► Special-Primary
Full Name of Payee	7	Date of Public Distribution/Dissemination
Southern Campaign Resources		M - M / D - D / Y - Y - Y - Y
Mailing Address 235 East Virginia Street		-
200 Last viigilia Ottoot		Amount
City State	Zip Code	41300.00
Tallahassee FL	32301	Transaction ID : SE.4133  Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy	Category/ Type 004	01 / 29 / 2014
Name of Federal Candidate	Support O	ffice Sought: X House District: 19
PAIGE VANIER Vanier KREEGEL	Oppose [	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	60170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		239886.00
Under penalty of perjury I certify that the independent expension of the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = O = O = O = O = O = O =
Signature		